EST AVAILABLE COF

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

10635757

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS			12		1. 18 发音型		1	RATE	FEE) 	RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			/2 minus 20=		. /			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			mir کن	nus 3 =				X42=		OR	X84=	· ·
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+140=		OR	+280=	,
* If	the difference	in column 1 is	less than zero, enter "0" in o			olumn 2		TOTAL		OR	TOTAL	750
: 1	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	OTHER SMALL	-
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	. :	RATE	ADDI- TIONAL FEE
	Total	. 10	Minus	+)	0	= 0		X\$ 9=		OR	X\$18=	
	Independent	ependent 3 Minus RST PRESENTATION OF MULTIPLE DI		3		= O	·	X42=	· /·	OR	X84=	
	, MRS.I PRESE	NIATION OF MI	JETIPLE DEP	ENDEN	CLAIM	<u></u>		+140=		OR	+280=	
								TOTAL ADDIT FEE	/	OR	TOTAL ADDIT. FEE	
_	· · · · · · · · · · · · · · · · · · ·	(Column 1)		(Colu		(Column 3)		·			<u>.</u> .	
AMENDMENT B		REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		.		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								· ·			
							٠.,	+140=		OR	+280=	
								ADDIT FEET		OR	ADDIT. FÉE	
<u></u>		(Column 1)		(Colu	mn 2) ÆST	(Column 3)	1. 1					
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RÁTE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		ÓЯ	X\$18=	
	Independent	*	Minus	***	٠.	.		X42=		OR	X84=	AL:
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+140= TOTAL	•	OR	+280=	,,
44	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT FEE	
		nber Previously Pa					er fo	und in the app	propriate bo	x in co	olumn 1.	•